

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3839

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

KIRKWOOD

Length of stay in 1b

12 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

639 W. ESSEX

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY

KIRKWOOD

d. STREET  
ADDRESS

639 W. ESSEX

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

GEORGE

First

B.

GOETEMANN

Middle

GOETEMANN

Last

4. DATE

OF  
DEATH

Month

DEC. 13, 1963

Day

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐  
Widowed ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEC. ACCOUNTANT

10b. KIND OF BUSINESS OR INDUSTRY

MORRISON DIST. CO.

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

GEORGE GOETEMANN

13b. MOTHER'S MAIDEN NAME

CATHERINE HIEGER

14. NAME OF HUSBAND OR WIFE

LOUISE H. GOETEMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

KIRKWOOD 22, MO.  
LOUISE H. GOETEMANN 639 W. ESSEX

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis  
arteriosclerotic Heart Disease

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 25, 1961 to Dec. 13, 1963 and last saw him alive on December 6, 1963

Death occurred at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Hagenkamp, M.D.

22b. ADDRESS

135 W. Adams Ave. Kirkwood 22, Mo.

22c. DATE SIGNED

Dec 16, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

12-17-1963

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEM

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

24. FUNERAL DIRECTOR

ADDRESS

PFITZINGER MORT. KIRKWOOD 22, MO.

25. DATE RECD. BY LOCAL REG.

12-16-63

26. REGISTRAR'S SIGNATURE

John C. Murphy, Jr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Don E. Hallman*

Licensed Embalmer No.

*4366*

P. O. Address

*St Louis Co, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.